

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-622470

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	37					
TOTAL CLAIMS	45	UPGRADED REVIEWED	45	45	45	45

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INC.	DEP.	INC.
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TOTAL DEP.		
TOTAL CLAIMS		